Exhibit B

AMABILE & ERMAN, P.C.
ATTORNEYS AT LAW
1000 SOUTH AVENUE
STATEN ISLAND, NEW YORK 10314-3407
TELEPHONE: (718) 370-7030
FAX: (718) 370-3656
WEB SITE: amabile-erman.com

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PAUL M. DeCARLO
JEFFREY J. COHEN
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IRENE P. ZIEGLER
JOHN A. ORBON
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STEPHANIE M. BERGER**
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FRANK A. DISCIPIO

BROOKLYN OFFICE
26 COURT STREET
SUITE 2801
BROOKLYN, NY 11242-0708
(718) 852-9113
FAX (718) 855-8811

NEW JERSEY OFFICE
CARL M. ERMAN
618 NEWARK AVENUE
ELIZABETH, NJ 07208
(908) 282-0505

ALSO ADMITTED IN
* NEW JERSEY
** NEW JERSEY AND FLORIDA
***NEW JERSEY AND PENNSYLVANIA

March 3, 2010

Robert Wood Johnson Hospital
125 Paterson Street
New Brunswick, New Jersey 08901

IN RE: DANIEL TRIPO
OUR FILE NO. P-653
[redacted]

Dear Sir/Madam:

I represent Daniel Tripo. I need to obtain his medical records. Enclosed please find a HIPAA compliant authorization to obtain said records regarding the above named individual.

Please forward to this office a photocopy of your records as soon as possible. We of course will reimburse you for reasonable duplication costs pursuant to the Public Health Law.

Thank you for your prompt attention to this matter.

Very truly yours,

ANTHONY A. LENZA, JR.

enclosure

OCA Official Form No.: 960

AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION PURSUANT TO HIPAA

[This form has been approved by the New York State Department of Health]

Patient Name	Date of Birth	Social Security Number
DANIEL TRIPO	[redacted]	[redacted]
Patient Address		
165 DRIGGS STREET, STATEN ISLAND, NY 10308		

I, or my authorized representative, request that health information regarding my care and treatment be released as set forth on this form:

In accordance with New York State Law and the Privacy Rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), I understand that:

1. This authorization may include disclosure of information relating to **ALCOHOL** and **DRUG ABUSE, MENTAL HEALTH TREATMENT**, except psychotherapy notes, and **CONFIDENTIAL HIV* RELATED INFORMATION** only if I place my initials on the appropriate line in Item 9(a). In the event the health information described below includes any of these types of information, and I initial the line on the box in Item 9(a), I specifically authorize release of such information to the person(s) indicated in Item 8.
2. If I am authorizing the release of HIV-related, alcohol or drug treatment, or mental health treatment information, the recipient is prohibited from redisclosing such information without my authorization unless permitted to do so under federal or state law. I understand that I have the right to request a list of people who may receive or use my HIV-related information without authorization. If I experience discrimination because of the release or disclosure of HIV-related information, I may contact the New York State Division of Human Rights at (212) 480-2493 or the New York City Commission of Human Rights at (212) 306-7450. These agencies are responsible for protecting my rights.
3. I have the right to revoke this authorization at any time by writing to the health care provider listed below. I understand that I may revoke this authorization except to the extent that action has already been taken based on this authorization.
4. I understand that signing this authorization is voluntary. My treatment, payment, enrollment in a health plan, or eligibility for benefits will not be conditioned upon my authorization of this disclosure.
5. Information disclosed under this authorization might be redisclosed by the recipient (except as noted above in Item 2), and this redisclosure may no longer be protected by federal or state law.
6. **THIS AUTHORIZATION DOES NOT AUTHORIZE YOU TO DISCUSS MY HEALTH INFORMATION OR MEDICAL CARE WITH ANYONE OTHER THAN THE ATTORNEY OR GOVERNMENTAL AGENCY SPECIFIED IN ITEM 9 (b).**

7. Name and address of health provider or entity to release this information: Robert Wood Johnson Hospital, 125 Paterson St, New Brunswick, NJ 08901

8. Name and address of person(s) or category of person to whom this information will be sent:
AMABILE & ERMAN, PC, 1000 SOUTH AVENUE, STATEN ISLAND, NY 10314

9(a). Specific information to be released:

- ☐ Medical Record from (insert date) _____ to (insert date) _____
- ☑ Entire Medical Record, including patient histories, office notes (except psychotherapy notes), test results, radiology studies, films, referrals, consults, billing records, insurance records, and records sent to you by other health care providers.
- ☐ Other: _____

Include: (*Indicate by Initialing*)

_____ **Alcohol/Drug Treatment**
_____ **Mental Health Information**
_____ **HIV-Related Information**

Authorization to Discuss Health Information

(b) ☐ By initialing here _____ (Initials) I authorize _____ (Name of individual health care provider) to discuss my health information with my attorney, or a governmental agency, listed here:

_____ (Attorney/Firm Name or Governmental Agency Name)

10. Reason for release of information:	11. Date or event on which this authorization will expire:
☑ At request of individual ☐ Other:	**3/2/2013**
12. If not the patient, name of person signing form:	13. Authority to sign on behalf of patient:

All items on this form have been completed and my questions about this form have been answered. In addition, I have been provided a copy of the form.

Signature of patient or representative authorized by law. Date: 3/2/10

ANTHONY A. LENZA, JR.
Notary Public, State of New York
No. 021.E6020485
Cert. Filed in Richmond County
Commission Expires: 3/1/11

* **Human Immunodeficiency Virus that causes AIDS. The New York State Public Health Law protects information which reasonably could identify someone as having HIV symptoms or infection and information regarding a person's contacts.**

1/26-2/24/10
1/6-1/14/10

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•••NEW JERSEY AND PENNSYLVANIA

May 19, 2010

SECOND REQUEST

Robert Wood Johnson Hospital
125 Paterson Street
New Brunswick, New Jersey 08901

IN RE: **DANIEL TRIPO**
OUR FILE NO. P-653
DOB [redacted]
SS#: [redacted]

Dear Sir/Madam:

On March 3, 2010, this office forwarded to you an authorization requesting that you furnish us with a copy of your records referable to the above named.

To date, we have not received a response and would greatly appreciate it if you would provide same at this time. Of course, we will reimburse you for any costs incurred in the duplication of these records. Enclosed is a copy of the authorization and letter previously furnished.

If you have any questions regarding this request, please do not hesitate to contact the undersigned. Thank you for your kind attention to this matter.

Very truly yours,

Lorraine Philipps

LORRAINE PHILIPPS
Authorization Clerk

HEALTH INFORMATION
2010
MANAGEMENT

/lp
Enclosures

p.653
cc: Mind. Lorraine

ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL
One Robert Wood Johnson Place
New Brunswick, NJ 08903-2601

MEDICAL RECORD DEPARTMENT

RECEIVED
AUG 30 2010
AMABILE & ERMAN

DATE: 8/24/10

TO: Amabile & Erman
1000 South Ave.
Staten Island, N.Y. 10314-3407

RE: Daniel Tripo
MED REC #: 4858662
YOUR FILE #:
DATES OF TREATMENT:
1/25/10 - surg Clinic
1/14/10

PROCESSING FEE

This itemized bill reflects the charges associated with release of the medical information you requested on the above-named:

COMPLETE RECORD	319p.	- OR - **ABSTRACT**	31p.
Access Fee:	10.00	Access Fee:	10.00
Photocopy Fee:	154.75	Photocopy Fee:	31.00
Post/Handling:	5.00	Post/Handling:	1.26
TOTAL:	$ 169.75	**TOTAL:**	$ 42.26

AMABILE & ERMAN, P.C.

55188

ROBERT WOOD JOHNSON UNIVERSITY HOSP
RWJUH

8/31/2010

169.75

WAMU DANIEL TRIPO

169.75

PRODUCT DLT103 USE WITH 91683 ENVELOPE Deluxe For Business 1-800-257-8354 PRINTED IN USA A

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AMABILE & ERMAN, P.C.
ATTORNEYS AT LAW
1000 SOUTH AVENUE
STATEN ISLAND, NY 10314-3407

CHASE
JPMorgan Chase Bank, N.A.
New York, New York 10017
www.Chase.com

8/31/2010

Y TO THE
RDER OF: ROBERT WOOD JOHNSON UNIVERSITY HOSP $ **169.75

One Hundred Sixty-Nine and 75/100********** DOLLARS

ROBERT WOOD JOHNSON UNIVERSITY HOSP
ATTN: GENERAL ACCOUNTING
P.O. BOX 2601
NEW BRUNSWICK NJ 08903-2601

AMABILE & ERMAN, P.C.

AUTHORIZED SIGNATURE

:MO DANIEL TRIPO 4858662

Security features. Details on back.

⑈055188⑈ ⑆021000021⑆ 308134469⑈

AMABILE & ERMAN, P.C.
ATTORNEYS AT LAW
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STATEN ISLAND, NEW YORK 10314-3407

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October 26, 2010

Robert Wood Johnson Hospital
Attn: Medical Records
125 Paterson Street
New Brunswick, New Jersey 08901

IN RE: **DANIEL TRIPO**
OUR FILE P-653
DOB: [redacted]
SS#:
MED REC NO 4858662

Dear Sir/Madam:

Please be advised that we forwarded payment for the requested records almost two months ago but have not yet received your records. Attached please find a copy of your invoice and our payment stub. Our check has also cleared. Kindly forward your records as soon as possible.

If you have any questions regarding this request, please do not hesitate to contact the undersigned. Thank you for your kind attention to this matter.

Very truly yours,

ANTHONY A. LENZA, JR.

AAL
Enc.

ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL
October 28, 2010

Attn: LORRAINE PHILIPPS
AMABILE & ERMAN
1000 SOUTH AVENUE
STATEN ISLAND, NY 10314-3407

TEL: 718-370-7030

Enclosed is the copy of medical record you have requested. This information is CONFIDENTIAL, provided exclusively for the requested purpose, and cannot be REDISCLOSED to any other person or facility.

Please submit payment along with a copy of this invoice or include invoice number on check immediately to the following address:

Robert Wood Johnson University Hospital
P.O. Box 2601
New Brunswick, NJ 08903-2601
Attn: General Accounting
Federal Tax ID #: 22-1487243

I N V O I C E no: 1008-218 08/05/2010

PATIENT NAME	MR NUMBER	DISCHARGE DATE	RECEIVED DATE	AMOUNT CHARGED	BALANCE
TRIPO, DANIEL	004858662	02/24/2010	08/02/2010	169.75	0.00
	COST BASED FEE 1 @ $10.00 = 10.00				
	COPYING FEE 154 @ $1.00 = 154.00				
	COPYING FEE 3 @ $0.25 = 0.75				
	POSTAGE 1 @ $5.00 = 5.00				
TOTAL				$169.75	$0.00